

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09781486
FILING DATE 02/12/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8	1	1				
9	1					
10	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	25					
TOTAL CLAIMS	29					

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL DEP.						
TOTAL CLAIMS						